

U. S. No. 2  
OM-5-42  
Rev. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41491

State File No. ....

FILED JAN 8, 1945

Registration District No. ....

Primary Registration District No. 4284

Registrar's No. 102

1. PLACE OF DEATH:

(a) County **Lewis**

(b) City or town **LaBelle**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **none**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**  
(Specify whether years, months or days)

In this community **20 hrs.**  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**

(c) City or town **LaBelle,**  
(If outside city or town limits, write "RURAL")

(d) Street No. ....  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **12**

3. (a) PRINT FULL NAME **Infant Son of Virgil E. Logan**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **November 5th, 1944**  
(Month) (Day) (Year)

Years	Months	Days	If less than one day
--	--	--	<b>20 hr. min.</b>

9. Birthplace **LaBelle, Lewis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business

12. Name **Virgil Eldon Logan**

13. Birthplace **Rural, Knox Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Elizabeth Spidle**

15. Birthplace **Lewis Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Virgil Eldon Logan**

(b) Address **LaBelle, Missouri**

17. (a) **Burial** (b) Date thereof **Nov. 6-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LaBelle, Cemetery**

18. (a) Signature of funeral director **Norman D. Roder**

(b) Address **LaBelle, Mo.**

19. (a) **11/8/44** (b) **P. M. Jennings M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November**, Day **5th**,  
year **1944** hour **3** minute **30 a. M.**

21. I hereby certify that I attended the deceased from **Nov. 5-1944** to **Nov. 5-1944**  
that I last saw him **alive** on **Nov. 5-1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth**  
**Lived only 20 hours**

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) **159**

Major findings:  
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? .....

23. Signature **A. H. Hillard** (M. D. or other) **11/6-44**  
Address **LaBelle, Mo.** Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

56  
0  
0

RECEIVED

District Health Officer No. 10

District File Number 1-15-34

Date Filed JAN 5 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed by me, or by~~.....

Not Embalmed - Infant....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Norman D. Coode.....

Licensed Embalmer No. 3721.....

P. O. Address LaBelle, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.